

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

10

26

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 0 | 1 | 2 | 0 | 0 | 6 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 8 | 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2006 | | 331338.52 |
| (b) Cash on Hand at Beginning of Reporting Period | 314359.20 | |
| (c) Total Receipts (from Line 19) | 76176.86 | 598142.74 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 390536.06 | 929481.26 |
| 7. Total Disbursements (from Line 31) | 53139.58 | 592084.78 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 337396.48 | 337396.48 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 6

To:

M M
1 0D D
1 8Y Y Y Y
2 0 0 6

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 65731.86 | 487330.71 |
| (i) Itemized (use Schedule A) | 3845.00 | 95304.70 |
| (ii) Unitemized | 69576.86 | 582635.41 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➤ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤ | 69576.86 | 582635.41 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 6600.00 | 15507.33 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 76176.86 | 598142.74 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 76176.86 | 598142.74 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | 0.00 | 0.00 |
| (i) Federal Share..... | | | |
| (ii) Non-Federal Share..... | | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | | 0.00 | 1773.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | | 0.00 | 1773.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | 48000.00 | 574100.00 |
| 24. Independent Expenditure (use Schedule E) | | 5139.58 | 5139.58 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | | 0.00 | 0.00 |
| 27. Loans Made..... | | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | | 0.00 | 0.00 |
| (b) Political Party Committees | | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | 0.00 | 0.00 |
| 29. Other Disbursements..... | | 0.00 | 11072.20 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | | 0.00 | 0.00 |
| (ii) "Levin" Share | | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | | 53139.58 | 592084.78 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | | 53139.58 | 592084.78 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 69576.86 | 582635.41 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 69576.86 | 582635.41 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 1773.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 1773.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 / 78

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|--|--|--|--|--|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) DR John Cronan Mailing Address 10 Strawberry Dr City State Zip Code Barrington RI 02806-4916 FEC ID number of contributing federal political committee. C Name of Employer Rhode Island Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17077159 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 2 | | 2 | 0 | 0 | 6 | 250.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) DR Jules Whiteman Mailing Address 6038 Fontana St City State Zip Code Fairway KS 66205-3123 FEC ID number of contributing federal political committee. C Name of Employer Clinical Radiologists Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17077160 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 2 | | 2 | 0 | 0 | 6 | 250.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) DR Krishanu Gupta Mailing Address 10 Signal Ridge Way City State Zip Code East Greenwich RI 02818-1647 FEC ID number of contributing federal political committee. C Name of Employer Advanced Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17077161 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 2 | | 2 | 0 | 0 | 6 | 250.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Agola

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094191

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Cara Bonawitz

Mailing Address 105 Shoal Quay

City State Zip Code
Chesapeake VA 23320-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094192

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR George Christian

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094193

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Jeffrey Crass

Mailing Address 917 Bobolink Dr

City State Zip Code
 Virginia Beach VA 23451-4944

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094194

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DR Kirstin Fiona Davis

Mailing Address 1005 Caton Dr

City State Zip Code
 Virginia Beach VA 23454-3162

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.76

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094195

Amount of Each Receipt this Period

70.83

C. Full Name (Last, First, Middle Initial)
DR Haywood Davis, JR

Mailing Address 10 Ambassador Dr

City State Zip Code
 Hampton VA 23666-6021

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094196

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

270.83

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Donnal

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094197

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Theodore Dorsay

Mailing Address 1500 Chandon Cres

City State Zip Code
Virginia Beach VA 23454-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094198

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Nina Fabiszewski

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094199

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) DR Yan Gao Mailing Address 1521 Mirassou Ln City Virginia Beach State VA Zip Code 23454-1373 FEC ID number of contributing federal political committee. C Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 842.86 | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6 Transaction ID: 17094200 Amount of Each Receipt this Period 100.00 |
| B. Full Name (Last, First, Middle Initial) DR Susanne Grasso Mailing Address Med Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220 City Norfolk State VA Zip Code 23502-4008 FEC ID number of contributing federal political committee. C Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 842.86 | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6 Transaction ID: 17094201 Amount of Each Receipt this Period 100.00 |
| C. Full Name (Last, First, Middle Initial) DR Michael Ho Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220 City Norfolk State VA Zip Code 23502-4008 FEC ID number of contributing federal political committee. C Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 842.86 | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6 Transaction ID: 17094202 Amount of Each Receipt this Period 100.00 |

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 78

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Lester Johnson

Mailing Address 1021 Downshire Chase

City State Zip Code
Virginia Beach VA 23452-6154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 3 | | 2 | 0 | 0 | 6 |

Transaction ID: 17094203

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DR Yoonah Kim

Mailing Address 917 Kings Cross

City State Zip Code
Virginia Beach VA 23452-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.40

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 3 | | 2 | 0 | 0 | 6 |

Transaction ID: 17094204

Amount of Each Receipt this Period

83.33

C. Full Name (Last, First, Middle Initial)
DR Patsy Loiacono

Mailing Address 903A Yorkville Rd

City State Zip Code
Yorktown VA 23692-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
tsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 3 | | 2 | 0 | 0 | 6 |

Transaction ID: 17094205

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

233.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Susan McKenzie

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094206

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Chan Nguyen

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094207

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Hans Sachse

Mailing Address 4200 Faigle Rd

City State Zip Code
Portsmouth VA 23703-4811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094208

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Sarah Shaves

Mailing Address Medical Center Radiologists, Inc
6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

674.29

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094209

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. DR Lamar Smith

Mailing Address Medical Ctr Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094210

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Adam Specht

Mailing Address 3309 Chappell Pl

City State Zip Code
Virginia Beach VA 23452-6290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.90

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094211

Amount of Each Receipt this Period

70.83

SUBTOTAL of Receipts This Page (optional)

250.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Richard Thomas
 Mailing Address 1037 Long Beeches Ave

City State Zip Code
 Chesapeake VA 23320-0681

FEC ID number of contributing federal political committee.

C

Name of Employer
Medical Center Radiologists, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094212

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
 DR Harlan Vingan
 Mailing Address Medical Center Radiologists, Inc
 6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing federal political committee.

C

Name of Employer
Medical Center Radiologists, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094213

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
 DR Marshall Weissberger
 Mailing Address Medical Center Radiologists
 6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing federal political committee.

C

Name of Employer
Medical Center Radiologists, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094214

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Whitbeck

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

896.43

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094215

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Robert Woolfitt

Mailing Address 6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094217

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR John Campbell

Mailing Address 1416 Watersedge Dr

City State Zip Code
Virginia Beach VA 23452-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.03

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094219

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

266.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Donald La Vay
 Mailing Address 109 George Sandys

City State Zip Code
 Williamsburg VA 23185-8938

FEC ID number of contributing federal political committee.

C

Name of Employer
Medical Center Radiologis-
tsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094220

Amount of Each Receipt this Period

41.67

B. Full Name (Last, First, Middle Initial)
 DR Phillip Luebbert
 Mailing Address 9528 25th Bay St

City State Zip Code
 Norfolk VA 23518-1812

FEC ID number of contributing federal political committee.

C

Name of Employer
Medical Center Radiologis-
tsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.47

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094221

Amount of Each Receipt this Period

70.83

C. Full Name (Last, First, Middle Initial)
 DR Kenneth Mendelson
 Mailing Address 703 Westover Ave

City State Zip Code
 Norfolk VA 23507-1622

FEC ID number of contributing federal political committee.

C

Name of Employer
Children's Hospital of the
King's DaugOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094222

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

362.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Eveleen Oleinik

Mailing Address 1021 Downshire Chase

City State Zip Code
 Virginia Beach VA 23452-6154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.14

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094223

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DR Kip Kang-L Park

Mailing Address Medical Center Radiologists, Inc
 6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.32

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094224

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

C. DR Jennifer Rush

Mailing Address 3864 Banyon Grove Ln Apt 301

City State Zip Code
 Virginia Beach VA 23462-7492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.03

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094225

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

158.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Desencia Thomas
 Mailing Address 600 Sabal Palm Ln Apt 307

City State Zip Code
 Chesapeake VA 23320-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.03

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094226

Amount of Each Receipt this Period

66.67

B. Full Name (Last, First, Middle Initial)
 DR Jennifer Weaver
 Mailing Address 3962 Aeries Way

City State Zip Code
 Virginia Beach VA 23455-1558

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 17094227

Amount of Each Receipt this Period

166.67

C. Full Name (Last, First, Middle Initial)
 DR Kurt Muetterties
 Mailing Address 239 Painter Rd

City State Zip Code
 Media PA 19063-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southeast Radiology Ltd.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17104937

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

733.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Barbara Schepps

Mailing Address 322 Blackstone Blvd

City State Zip Code
 Providence RI 02906-4864

FEC ID number of contributing
federal political committee.

C

Name of Employer
RI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17104938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Joan Lasser

Mailing Address 50 Park Row W Apt 808

City State Zip Code
 Providence RI 02903-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17104939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Patrick Kang

Mailing Address 515 W 59th Street Apt. 21L

City State Zip Code
 New York NY 10019-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17104940

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Gustav Seliger

Mailing Address 85 E End Avenue Apt. 12D

City State Zip Code
 New York NY 10028-8036

FEC ID number of contributing federal political committee.

C

Name of Employer
Beth Israel Medical CenterOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17105001

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Mitchell Horowitz

Mailing Address 155 E. 31st
Apt. 18D

City State Zip Code
 New York NY 10016-6800

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Luke's - Roosevelt Ho-
spital CenterOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17105002

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Azita Sara Khorsandi

Mailing Address 280 Park Avenue South

City State Zip Code
 New York NY 10010-6121

FEC ID number of contributing federal political committee.

C

Name of Employer
Beth Israel Medical CenterOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17105003

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 78

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|--|--|--|--|--|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) DR Peter Maslin Mailing Address 50 S Middle Neck Rd Apt 3N City State Zip Code Great Neck NY 11021-3431 FEC ID number of contributing federal political committee. C Name of Employer Westside Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17105004 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 | 500.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) DR James Silberzweig Mailing Address 280 Park Ave S Apt 19A City State Zip Code New York NY 10010-6132 FEC ID number of contributing federal political committee. C Name of Employer St. Lukes Roosevelt Hospital Center Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17105005 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 | 1000.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Dr. Lynn Chinitz Mailing Address 425 West 59th Street Suite 6C City State Zip Code New York NY 10019-1104 FEC ID number of contributing federal political committee. C Name of Employer Westside Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 17105014 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 | 750.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | | | |
| 750.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Receipts This Page (optional)**2250.00****TOTAL** This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 78

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kenneth Cooke

Mailing Address 147 Weidmann Ct

City

Rivervale

State

NJ

Zip Code

07675-7004

FEC ID number of contributing
federal political committee.**C**Name of Employer
St Luke's Roosevelt Hosp
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 |

Transaction ID: 17105015

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Stuart Golbey

Mailing Address 515 E 79th St Apt 18D

City

New York

State

NY

Zip Code

10021-0783

FEC ID number of contributing
federal political committee.**C**Name of Employer
Westside Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 |

Transaction ID: 17105016

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Munir GhesaniMailing Address Roosevelt Hospital Center
1000 10th Ave

City

New York

State

NY

Zip Code

10019-1147

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Luke's - Roosevelt Ho-
spital Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 4 | | 2 | 0 | 0 | 6 |

Transaction ID: 17105017

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Christina Giuliano

Mailing Address 355 S End Ave Apt 22N

City State Zip Code
 New York NY 10280-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's - Roosevelt Ho-
spital Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17105018

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Deborah Rachel Shatzkes

Mailing Address 1 Rockhill Terrace

City State Zip Code
 Larchmont NY 10538-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's - Roosevelt Ho-
spital Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17105023

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Nolan Kagetsu

Mailing Address 305 E 40th St Apt 10K

City State Zip Code
 New York NY 10016-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's - Roosevelt Hosp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 17105024

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City State Zip Code
 Atlanta GA 30306-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Baptist Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111319

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR W Z. Goldstein

Mailing Address Vassar Brothers Hospital
 31 Reade Pl

City State Zip Code
 Poughkeepsie NY 12601-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist-
s, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111321

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Susan Summerton

Mailing Address Albert Eistein Med Ctr
 5501 Old York Rd

City State Zip Code
 Philadelphia PA 19141-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albert Eistein Med Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111322

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR David Neumann
 Mailing Address 20 Pardons Wood Ln

City State Zip Code
 East Greenwich RI 02818-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RI Med Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111330

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
 DR Michael Atalay
 Mailing Address 70 Bailey Blvd

City State Zip Code
 East Greenwich RI 02818-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rhode Island Medical Imag-
 ing

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111331

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Thomas Egglin
 Mailing Address 69 Bay Rd

City State Zip Code
 Barrington RI 02806-4751

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rhode Island Medical Imag-
 ing

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111332

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jeffrey Brody

Mailing Address Rhode Island Hospital
593 Eddy St

City State Zip Code
Providence RI 02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111333

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Susan Krysiewicz

Mailing Address 75 East End Avenue
Apt. 1A

City State Zip Code
New York NY 10028-7909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111334

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Catherine Petchprapa

Mailing Address 124 Thompson Street Apt. 15

City State Zip Code
New York NY 10012-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111350

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michele Licht

Mailing Address 247 W 87th St Apt 4K

City State Zip Code
 New York NY 10024-2848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111351

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kevin R. Math

Mailing Address 519 East 86th Street
 Apt. 2C

City State Zip Code
 New York NY 10028-7541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111352

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dr. H. Charles Pfaff

Mailing Address 222 W. 14th St.
 Apt. 7J

City State Zip Code
 New York NY 10011-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111353

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Robert D. Irish

Mailing Address 222 W. 14th St.
Apt. 7J

City State Zip Code
New York NY 10011-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111359

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DR Wen Yang

Mailing Address Beth Israel Medical Center
1st Ave @ 16th St

City State Zip Code
New York NY 10003-3881

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111361

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Dr. David P. Liu

Mailing Address 32 Morton St., #6B

City State Zip Code
New York NY 10014-4056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111362

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Barbara Zeifer

Mailing Address Beth Israel Med Ctr
1st Ave & 16th St

City State Zip Code
New York NY 10003-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111398

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph N. Shams

Mailing Address 401 E. 88th St.
Apt. 16D

City State Zip Code
New York NY 10128-6605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111399

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Roy A. Holliday

Mailing Address 70 Sixth Avenue

City State Zip Code
Nyack NY 10960-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111400

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Rajesh I. Patel

Mailing Address 300 E. 33rd St.
Apt. 19C

City State Zip Code
New York NY 10016-9463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111401

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Rajanikanth Surapaneni

Mailing Address 10 Todt Hill Court

City State Zip Code
Staten Island NY 10304-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111402

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Maria D. Bouzouki

Mailing Address 1394 York Avenue, #2F

City State Zip Code
New York NY 10021-3461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111408

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Stephen A. Okon

Mailing Address 752 West End Avenue
Apt. 8A

City State Zip Code
New York NY 10025-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111409

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Eric Berkowitz

Mailing Address 1365 E 8th St

City State Zip Code
Brooklyn NY 11230-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111410

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Joshua Gross

Mailing Address 59 E Concord Dr

City State Zip Code
Monsey NY 10952-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111411

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Abiri

Mailing Address 513 Harbor Pla

City State Zip Code
 West New York NJ 07093-8364

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111412

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Beth Gail Wadler

Mailing Address 139 E 35th Street Apt. 6C

City State Zip Code
 New York NY 10016-4106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111420

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Daniel Meltzer

Mailing Address 145 W Broadway Fl 5

City State Zip Code
 New York NY 10013-3373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111421

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Richard S. Pinto

Mailing Address 90 Balsam Court

City State Zip Code
 Paramus NJ 07652-1359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111422

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Jeanne W. Baer

Mailing Address 418 High St

City State Zip Code
 Closter NJ 07624-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's-Roosevelt Hospi-
tal

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111423

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Carlos Benitez

Mailing Address 400 E 77th St Apt 11D

City State Zip Code
 New York NY 10021-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Roosevelt Hosp-
ital Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111424

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Agnes M. Boxhill

Mailing Address 45 Oriole Ave.

City State Zip Code
 Bronxville NY 10708-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111448

Amount of Each Receipt this Period

800.00

B. Full Name (Last, First, Middle Initial)

Dr. Franciso DeLara

Mailing Address 34 Arden Rd.

City State Zip Code
 Mountain Lakes NJ 07046-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111449

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Ronald M. Dreifuss

Mailing Address 35 Sutton Place
 Apt. 14E

City State Zip Code
 New York NY 10022-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111450

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR David Frager

Mailing Address 11 Judith Ln

City State Zip Code
 Monsey NY 10952-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's - Roosevelt Ho-
spital Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111451

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Adie Friedman

Mailing Address 245 7th Ave.
Apt. 10A

City State Zip Code
 New York NY 10001-7301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111452

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Bradley J. Handler

Mailing Address 104 W. 76th St.
Apt. 3

City State Zip Code
 New York NY 10023-8440

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Side Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111499

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Gordon David Heller

Mailing Address 35 East 85th Street
Apt. 4F

City State Zip Code
New York NY 10028-0954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111500

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Carol Hilfer

Mailing Address 175 Riverside Dr Apt 15H

City State Zip Code
New York NY 10024-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's Hospital Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111501

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Karen Garfield

Mailing Address 1675 York Ave Apt 32K

City State Zip Code
New York NY 10128-6761

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Roosevelt Hospital Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111502

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 78

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Sherman Scott Lipschitz

Mailing Address 425 East 58th Street
Apt. 3D

City State Zip Code
New York NY 10022-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Side Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111503

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Daniel Lefton

Mailing Address 1930 Broadway
Apt. 24H

City State Zip Code
New York NY 10023-6936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111506

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Stephen Manghisi

Mailing Address 11 Parsells Ct

City State Zip Code
Closter NJ 07624-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's/Roosevelt Hospi-
tal

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17111507

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Alexis Kladakis
Mailing Address 8557 Doveton Cir

City State Zip Code
Vienna VA 22182-3779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Radiology Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: 17167497

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
DR Daniel Marder
Mailing Address Washington Radiology Assoc
2141 K St NW Ste 900

City State Zip Code
Washington DC 20037-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Radiology Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: 17167504

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
DR Geoffrey Smith
Mailing Address Casper Medical Imaging
419 S Washington St

City State Zip Code
Casper WY 82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: 17167507

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR David Williams
Mailing Address 937 S Lincoln St

City State Zip Code
Casper WY 82601-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: 17167508

Amount of Each Receipt this Period

120.00

B. Full Name (Last, First, Middle Initial)
DR Daniel Sulser
Mailing Address 5280 Squaw Creek Rd

City State Zip Code
Casper WY 82604-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: 17167514

Amount of Each Receipt this Period

120.00

C. Full Name (Last, First, Middle Initial)
DR Thomas Cunningham, III
Mailing Address 419 S Washington St

City State Zip Code
Casper WY 82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: 17167515

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

| | | | |
|---|--------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) DR Boris A. Karaman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 | |
| Mailing Address Casper Medical Imaging 419 S Washington St Ste 101 | | Transaction ID: 17167516 | |
| City Casper | State WY | Zip Code 82601-2951 | Amount of Each Receipt this Period 120.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Casper Medical Imaging | Occupation Diagnostic Radiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | | |
| B. Full Name (Last, First, Middle Initial) DR Paul Peters | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 | |
| Mailing Address 3850 E 14 Apt U | | Transaction ID: 17167517 | |
| City Casper | State WY | Zip Code 82609-3100 | Amount of Each Receipt this Period 150.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Casper Medical Imaging, P.C. | Occupation Diagnostic Radiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | | |
| C. Full Name (Last, First, Middle Initial) DR Steven Horn | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 | |
| Mailing Address Casper Radiology Group 419 S Washington St Ste 101 | | Transaction ID: 17167518 | |
| City Casper | State WY | Zip Code 82601-2951 | Amount of Each Receipt this Period 120.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Casper Medical Imaging, P.C. | Occupation Diagnostic Radiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | | |

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Ian Peterkin
 Mailing Address 2902 Oak Shadow Dr

City State Zip Code
 Oak Hill VA 20171-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Washington Radiology Assoc

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 17167596

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Michael Levine
 Mailing Address Lake Medical Imaging
 801 E Dixie Ave Ste 104

City State Zip Code
 Leesburg FL 34748-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology Associates of
 Central Florid

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 6

Transaction ID: 17190613

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
 Dr. Pairoj Sea Chang
 Mailing Address Radiology Assoc of Central Floor
 801 E Dixie Avenue Suite 104

City State Zip Code
 Leesburg FL 34748-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology Associates of
 Central Florid

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 6

Transaction ID: 17190614

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Ana Lourenco

Mailing Address 21 Hines Rd

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Cumberland | RI | 02864-6179 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island HospitalOccupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 9 | | 2 | 0 | 0 | 6 |

Transaction ID: 17190615

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Marlene Rackson

Mailing Address 2000 Broadway Apt 22C

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10023-5044 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 9 | | 2 | 0 | 0 | 6 |

Transaction ID: 17190616

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR James Hendrix

Mailing Address 6112 Beaver Creek Rd

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Oklahoma City | OK | 73162-3412 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants, In-
c.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 0 | | 2 | 0 | 0 | 6 |

Transaction ID: 17205393

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Cheng

Mailing Address Advanced Radiology
525 Broad St Ste 202

City State Zip Code
Cumberland RI 02864-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Benjamin Z. Stallings, II

Mailing Address 2100 Sahalea Ter

City State Zip Code
Silver Spring MD 20905-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229124

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael J. Rieder

Mailing Address 319 S. Sterling Rd.

City State Zip Code
Elkins Park PA 19027-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229852

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Ryvicker

Mailing Address 46 Alton Rd

City

Providence

State

RI

Zip Code

02906-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR George Bolton

Mailing Address 133 Yankton St

City

Folsom

State

CA

Zip Code

95630-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229979

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229980

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Christopher Chong

Mailing Address 27075 E El Macero

City State Zip Code
El Macero CA 95618-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City State Zip Code
Davis CA 95616-7664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229992

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 46 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229993

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Hani Greiss

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229995

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City State Zip Code
 Rocklin CA 95765-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229996

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Dr. Don Charles Loomer

Mailing Address 937 Stillspring Court

City State Zip Code
 Vacaville CA 95687-7704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17229999

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Vartan Malian

Mailing Address 100 Crane Meadow Ct

City State Zip Code
 Roseville CA 95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Mylon Marshall

Mailing Address 2201 Lassen Pl

City

Davis

State

CA

Zip Code

95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City

Loomis

State

CA

Zip Code

95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Miyuki Murphy

Mailing Address 5198 Prior Rdg

City

Granite Bay

State

CA

Zip Code

95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230003

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 49 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
Carmichael CA 95608-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230008

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230009

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
Davis CA 95616-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
 Carmichael CA 95608-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230011

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
 Davis CA 95616-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230015

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230017

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR David Winfield

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230018

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code
Davis CA 95616-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230019

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Michael Haseman
 Mailing Address 4713 Firebird Lane

City State Zip Code
 Sacramento CA 95841-4550

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230020

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Sharon Dutton
 Mailing Address Rad Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230022

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Roger Gilbert
 Mailing Address Rad Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230023

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Brian Goldsmith

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230024

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. DR Susan Lee

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230028

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Mark Logsdon

Mailing Address Rad Associates of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230029

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Seth Rosenthal

Mailing Address Rad Assoc of Sacramento
2800 L ST STE 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 17230030

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. DR David Buck

Mailing Address 144 Penhurst Dr

City State Zip Code
Pittsburgh PA 15235-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17376774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR P Lynwood Stagg, III

Mailing Address 115 Pearce Dr

City State Zip Code
Jamestown NC 27282-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer
High Point Radiological
Services

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17376775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR John Cassese

Mailing Address 200 Boulder Way

City State Zip Code
East Greenwich RI 02818-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17376778

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)

DR Michael DeVenny

Mailing Address 3090 Yorktown Dr

City State Zip Code
Tuscaloosa AL 35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17376780

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Bill Warren

Mailing Address UWMC
Box 357115

City State Zip Code
Seattle WA 98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17376781

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Murray Becker
 Mailing Address 56 Independence Dr

City State Zip Code
 East Brunswick NJ 08816-3286

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Columbia-Presbyterian Med
 Ctr

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378221

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
 DR Elizabeth D'Angelo
 Mailing Address 108 Bur Ben Ln

City State Zip Code
 New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Coastal Radiology

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378222

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
 DR William Ketcham, II
 Mailing Address 10009 Knowlwood Rd

City State Zip Code
 Cheyenne WY 82009-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baylor College of Medicine

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378223

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Anna Chacko

Mailing Address 9 Fieldstone Dr

City

Winchester

State

MA

Zip Code

01890-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lahey Clinic Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378224

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR Rajiv Sharma

Mailing Address Charlotte Radiology
1701 East Blvd

City

Charlotte

State

NC

Zip Code

28203-5823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378225

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378227

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

137.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Marcantonio

Mailing Address William Beaumont Hosp
3601 W 13 Mile Rd

City State Zip Code
Royal Oak MI 48073-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia West Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378228

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City State Zip Code
Dallas TX 75205-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378230

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Kent Lancaster

Mailing Address Radiology Associates of Berrien
777 Riverview Dr Ste D208

City State Zip Code
Benton Harbor MI 49022-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378231

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City State Zip Code
La Crosse WI 54601-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378232

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378233

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code
Greenville NC 27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378234

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

181.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Daniel Cohen
Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378235

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
DR Michael Tripp
Mailing Address 751 Lexington Dr

City State Zip Code
Greenville NC 27834-0508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378236

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
DR Brian Kuszyk
Mailing Address 3219 Old Oak Walk

City State Zip Code
Greenville NC 27858-8441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378241

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Eric M. Martin

Mailing Address 9 Doctors Park

City State Zip Code
 Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378242

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

Roger Vitthalani

Mailing Address 516 Chesapeake PI

City State Zip Code
 Greenville NC 27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378243

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code
 Williamsville NY 14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378244

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jeffrey Mewborne

Mailing Address 1702 S Thames Ct

City State Zip Code
 Greenville NC 27858-8130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378247

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Randall Stickney

Mailing Address 10620 S 77th East Ave

City State Zip Code
 Tulsa OK 74133-6837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma State Rad Society

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378248

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DR Ira Adler

Mailing Address 1811 Bloomsbury Rd

City State Zip Code
 Greenville NC 27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378250

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR H E. Longmaid, III

Mailing Address 52 Harwich Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378251

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.04

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378252

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. DR Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
on

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378253

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code
 Bellaire TX 77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378254

Amount of Each Receipt this Period

41.67

B. Full Name (Last, First, Middle Initial)

DR Edward Black

Mailing Address Charlotte Radiology PA
 PO Box 36937

City State Zip Code
 Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378255

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Joseph Lurito

Mailing Address Eastern Radiologists
 9 Doctors Park

City State Zip Code
 Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378256

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

133.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Terry Wallace

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378259

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City State Zip Code
Birmingham AL 35242-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.70

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378260

Amount of Each Receipt this Period

83.34

C. Full Name (Last, First, Middle Initial)

DR Raul de la Vega, III

Mailing Address 2936 Grampian Dr

City State Zip Code
Gastonia NC 28054-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378261

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

163.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Steven Leibel
 Mailing Address 19 Woodleaf Ave

City State Zip Code
 Redwood City CA 94061-1823

FEC ID number of contributing federal political committee.

C

Name of Employer
Stanford UniversityOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378262

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
 DR John D. Howard
 Mailing Address Charlotte Radiology
 PO Box 36937

City State Zip Code
 Charlotte NC 28236-6937

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378263

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
 DR Dale Shaw
 Mailing Address 3601 Sharon Rd

City State Zip Code
 Charlotte NC 28211-3325

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378264

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Rita Freimanis

Mailing Address Wake Forest Univ Sch of Medicine
Medical Center Blvd

City State Zip Code
Winston Salem NC 27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Sch of
Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378265

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DR Edward Kouri

Mailing Address 4030 Beresford Rd

City State Zip Code
Charlotte NC 28211-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378266

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code
Charlotte NC 28277-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378267

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

107.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Robert Mittl, JR
 Mailing Address 4733 Coburn Court

City State Zip Code
 Charlotte NC 28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378268

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)
 DR Leonard Zawodniak
 Mailing Address 1439 Garrett Dr

City State Zip Code
 Wall Township NJ 07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378307

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
 DR Joel Swartz
 Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378308

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Brannon

Mailing Address 7 Foxglove Ct

City State Zip Code
 Greenville SC 29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378310

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
 2090 Columbiana Rd Ste 4400

City State Zip Code
 Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates of Alabama

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378311

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Bruce Schroeder

Mailing Address 738 Lexington Dr

City State Zip Code
 Greenville NC 27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378312

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR William Carey Werthmuller

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378313

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Carl Eisenberg

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378314

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City State Zip Code
Arden Hills MN 55112-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 17378315

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 78

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

| | | | |
|---|--------------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) DR Kerry Chandler | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6 | |
| Mailing Address 4100 Mullcroft PI | | Transaction ID: 17378316 | |
| City Fuquay Varina | State NC | Zip Code 27526-8658 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wake Radiology Consultants | Occupation Diagnostic Radiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |
| B. Full Name (Last, First, Middle Initial) DR James Hiken | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6 | |
| Mailing Address 7109 Cove Pointe PI | | Transaction ID: 17378318 | |
| City Prospect | State KY | Zip Code 40059-9680 | Amount of Each Receipt this Period 40.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Diag. Imaging Alliance of Louisville | Occupation Diagnostic Radiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

65731.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 78

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

RADCO

Mailing Address 716 Quincy St.

City State Zip Code

Rapid City SD 57701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 17546874

Amount of Each Receipt this Period

6600.00

Contribution being refunded on 10/27/2006 because it is a corporate contribution

SUBTOTAL of Receipts This Page (optional)

6600.00

TOTAL This Period (last page this line number only)

6600.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 78

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Thomas Price

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 16604237

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Chafee For Senate

Mailing Address PO Box 7329

City
Warwick

State
RI

Zip Code
02887

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Lincoln Chafee

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 2

Transaction ID: 16964580

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Mary Bono Committee

Mailing Address P.O. Box 3370

City
Palm Springs

State
CA

Zip Code
92263

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Mary Bono

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 16604112

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 / 78

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Storm Chasers PAC

Mailing Address P.O. Box 237

City
Monticello

State
IN

Zip Code
47960

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 17065749

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pickering For Congress

Mailing Address P.O. Box 4297

City
Brandon

State
MS

Zip Code
39047

Purpose of Disbursement

Candidate Name
Rep. Charles W. Pickering, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MS District: 3

Transaction ID: 17065734

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. People With Hart Inc

Mailing Address P.O. Box 435

City
Wexford

State
PA

Zip Code
15090

Purpose of Disbursement

Candidate Name
Rep. Melissa A. Hart

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 17077150

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. C.A. Ruppersberger

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 2

Transaction ID: 17073347

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People With Hart Inc

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Melissa A. Hart

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 16279480

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Hayes For Congress

Mailing Address Post Office Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Robin C. Hayes

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 8

Transaction ID: 17088452

Date of Disbursement

10 / 15 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Lot Of People For Dave Obey

Mailing Address 525 Washington St
PO Box 1322

City Wausau State WI Zip Code 54402

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David R. Obey

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 7

Transaction ID: 17073348

Date of Disbursement

10 / 15 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 17316270

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 17316275

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Eric I. Cantor

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 16279463

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Rad Political Action Committee

Mailing Address 1155 21st Street NW Suite 300

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 17079328

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

TOTAL This Period (last page this line number only) ►

48000.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 78 / 78

FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) American College of Radiology Association | | FEC IDENTIFICATION NUMBER ▼ C C00343459 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee The Herald | | Date M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 6 | |
| Mailing Address 1 Herald Square | | Amount 2087.44 | |
| City State Zip Code New Britain CT 06051 | | Transaction ID: 17316858 | |
| Purpose of Expenditure newspaper political ad | | Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: Rep. Nancy L. Johnson | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 2087.44 | | | |
| Full Name (Last, First, Middle, Initial) of Payee The Times | | Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6 | |
| Mailing Address 345 Green St NW | | Amount 3052.14 | |
| City State Zip Code Gainesville GA 30503 | | Transaction ID: 17319279 | |
| Purpose of Expenditure newspaper political ad | | Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: Rep. Nathan Deal | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 3052.14 | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 5139.58 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | 0.00 | |
| (c) TOTAL Independent Expenditures | | 5139.58 | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DR Milton Guiberteau Signature | | Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 | |